



Town of Marion  
2 Spring Street  
Marion, MA 02738-1519  
Telephone 508-748-3530 FAX 508-748-2545

### BOARD OF HEALTH

Elizabeth S. Dunn, R.N., Chairman  
Albin R. Johnson III, Clerk

Karen A. Walega, C.H.O., Health Director

Jason E. Reynolds, M.D., Vice Chairman  
Amanda C. Stone, R.N., Public Health Nurse

### Application for Percolation Test & Observation Pits

Perc Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

*Please indicate if this is for a new system \_\_\_\_ or an upgrade \_\_\_\_*

Engineer: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

**Standard Percolation Test Fee: \$300**

**Rates greater than 30 minutes per inch will be billed an additional \$200**

**Please return application with payment to: Marion Board of Health**

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For BOH office use only

*Date of Test:*

*Time:*

*Fee:*

*Date paid:*

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